FORM D



UNITED STATES

SECURITIES AND EXCHANGE SOMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. 88 **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| 113901 | 3 |
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OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden

hours per response..... 16.00

SEC USE ONLY

OMB APPROVAL

Prefix

Serial

DATE RECEIVED

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred and Common Stock Issuance | |
|--|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment | Section 4(6) ULOE PROCESSE |
| A. BASIC IDENTIFICATION DATA | - 440 OF 0000 |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GreenField Networks, Inc. | THOMSON FINANCIAL |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 3250 Jay Street, Santa Clara, CA 95054 | Telephone Number (Including Area Code) 408/235-4252 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) 3250 Jay Street, Santa Clara, CA 95054 | Telephone Number (Including Area Code) 408/235-4252 |
| Brief Description of Business Software development in connection with networking equipment | |
| Type of Business Organization Corporation Dusiness trust Dimited partnership, already formed Dusiness trust Dimited partnership, to be formed Dother | (please specify): |
| Actual or Estimated Date of Incorporation or Organization: Month Year 0 6 0 3 | Actual Estimated tate: |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or | Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | | A | . BASIC IDI | ENTL | FICATION DATA | | | | |
|---|-------------------------------|--|---------------------------------------|---|--------------|-------------------------|-------------|-------------------|-----------|------------------------------------|
| Each beneficial own | e issuer er havi er and | r, if the issuer haing the power to director of corp | ving: as beer vote c orate i | n organized within the or dispose, or direct the ssuers and of corporat | past fi | ive years; | or mo | ore of a class of | of equity | securities of the issuer; nd |
| Check Box(es) that Apply: | \boxtimes | Promoter | \boxtimes | Beneficial Owner | \boxtimes | Executive Officer | \boxtimes | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Torabi, Kamran | indivi | idual) | | | | | | | | |
| Business or Residence Addres | | | | | | | | | | |
| c/o GreenField Networks, Ir | ic., 32: | | | | K71 | | | | _ | |
| Check Box(es) that Apply: | | Promoter | \boxtimes | Beneficial Owner | <u>⊠</u> | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Heaton, Richard | indivi | idual) | | | | | | | | |
| Business or Residence Addres | - | | | • | | | | | _ | |
| Check Box(es) that Apply: | | Promoter | \boxtimes | Beneficial Owner | \boxtimes | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Devanagondi, Harish | indivi | idual) | | | | | | | | |
| Business or Residence Addre. c/o GreenField Networks, In | - | | _ | | | | | | | |
| Check Box(es) that Apply: | \boxtimes | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Elahian, Kamran | indivi | idual) | | | | | | | | |
| Business or Residence Addres | | | - | • | ıores, | CA 94065 | | | | |
| Check Box(es) that Apply: | \boxtimes | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | \boxtimes | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Tan, Lip-Bu | indivi | idual) | | | | | | | | |
| Business or Residence Addre | | | - | • • | 2800 | , San Francisco, CA | 9411 | 1 | | |
| Check Box(es) that Apply: | \boxtimes | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | \boxtimes | Director | | General and/or Managing Partner |
| Full Name (Last name first, if Stevens, Mark | indivi | idual) | | • | | | | | | |
| Business or Residence Addre | | | - | • | | | | | | |
| c/o SC X Management, L.L. Check Box(es) that Apply: | .C., 30 | Promoter | Road, | Menlo Park, CA 94 Beneficial Owner | 025 | Executive Officer | \boxtimes | Director | | General and/or |
| Full Name (Last name first, if | findiv | idual) | | | | | | | | Managing Partner |
| Smerdon, Gary | | | | | | | | | | |
| Business or Residence Addre | | | | • | | - | | | | |
| and of complete free for RS, II | , 34 | | | | litiona | al copies of this sheet | as ne | ecessary) | | |

| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
|--|-----------------------|--------------------------|-------------------------|---------------------|---------------------------------|
| Full Name (Last name first, if | individual) | | | | |
| Sequoia Capital X | | | | | |
| Business or Residence Address | s (Number and Street, | City, State, Zip Code) | | | |
| c/o SC X Management, L.L.C | C., 3000 Sand Hill Ro | ad, Menlo Park, CA 94 | 025 Attn: Mark Stevens | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | Market de sonor e |
| Global Catalyst Partners, L. | Р. | | | | |
| Business or Residence Address | s (Number and Street, | City, State, Zip Code) | | | |
| 255 Shoreline Drive, Suite 52 | 0, Redwood Shores, | CA 94065 Attn: Kamr | an Elahian | | ٠ |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| WIIG Communications Part | ners, L.P. | | | | |
| Business or Residence Address | s (Number and Street, | City, State, Zip Code) | | | |
| c/o Walden International Inv | estment Group, One | California Street, Suite | 2800, San Francisco, CA | A 94111 Attn: Lip-F | Bu Tan |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Belur, Harish | individual) | | | | |
| Business or Residence Addres | s (Number and Street, | City, State, Zip Code) | | | |
| c/o GreenField Networks, In- | | • | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Addres | s (Number and Street, | City, State, Zip Code) | - A SAMERICA SAME | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Addres | s (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Addres | s (Number and Street, | City, State, Zip Code) | | , | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Addres | s (Number and Street, | City, State, Zip Code) | | | |

| | | | | В. | INFOR | MATION A | ABOUT OF | FERING | | | | |
|---------------------|--|----------------------------------|----------------------------------|-------------------------------|----------------------------------|------------------------------------|---|----------------------------------|---------------------------------|---|----------|-----------|
| 1. Has | the issuer sold, | or does the is | ssuer intend t | | | | | ınder ULOE. | | | Yes | No ⊠ |
| 2. Wh | at is the minimu | m investmen | t that will be | accepted fro | m any indivi | dual? | | | | *************************************** | \$ | N/A |
| 3. Doe | es the offering pe | ermit joint ov | vnership of a | single unit? | | ••••• | | | | | Yes □ | No ⊠ |
| rem pers than | er the information nuneration for solution son or agent of a in five (5) personster only. | licitation of p broker or dea | urchasers in o der registered | connection w I with the SE | rith sales of se C and/or wit | ecurities in th h a state or st | ne offering. I ates, list the i | f a person to b name of the b | oe listed is ar roker or dea | associated ler. If more | | |
| | e (Last name fir | st, if individu | ıal) | | | | | | | | | |
| N/A Business | or Residence Ac | ddress (Numl | per and Stree | t, City, State | , Zip Code) | | | | | | | |
| Name of | Associated Brok | er or Dealer | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| States in | Which Person L | isted Has Sol | icited or Inte | nds to Solic | it Purchasers | | | | | | | |
| (Checi | k "All States" or | check indivi | duals States) | | | | | | | | □ A | ll States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | or Residence Ac | | | t, City, State | , Zip Code) | And the stand | | | | | | |
| Name of | Associated Brok | ker or Dealer | | | | | May be to the second | | | | | |
| States in | Which Person L | isted Has So | licited or Inte | ends to Solic | it Purchasers | | | | | | | |
| (Chec | k "All States" or | check indivi | duals States) | | ••••• | ••• | | ••••• | | | □ A | ll States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] |] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | ne (Last name fir | st, if individu | ıal) | | | | | | - | | | |
| Business | or Residence A | ddress (Numi | ber and Stree | t, City, State | , Zip Code) | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Name of | Associated Brol | ker or Dealer | | | | | | | | | | |
| States in | Which Person L | isted Has So | licited or Inte | ends to Solic | it Purchasers | | | | | | | |
| (Chec | k "All States" or | check indivi | duals States) | •••••• | | | | | •••••• | | □ A | Il States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [MT |] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | | | (Use l | olank sheet, | or copy and i | use additiona | l copies of th | nis sheet, as n | ecessary) | | | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|----|---|-------------------------|-------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate | Amount Already |
| | Type of Security Debt | Offering Price \$ | Sold \$ |
| | Equity | \$ <u>13,127,549.20</u> | \$_13,127,549.20 |
| | | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | \$ <u>13,127,549.20</u> | \$ <u>13,127,549.20</u> |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | . |
| | | Number Investors | Aggregate Dollar Amount of Purchase |
| | Accredited investors | 11 | \$ <u>13,127,549.20</u> |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Tung of | Dollan Amount |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | <u>N/A</u> | \$ <u>N/A</u> |
| | Regulation A | N/A | \$N/A |
| | Rule 504 | N/A | \$N/A |
| | Total | N/A | \$N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | \boxtimes | \$50,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | \boxtimes | \$50,000.00 |

| total expenses proceeds to the form the purposes sieft of the estiforth in responsion of the purchase of responsible to the purchase of responsible to the purchase of responsible to the purchase, renunder to the purchase, renunder to the purchase of responsible to the purpose of responsible to | er the difference between the aggregate offering price given in response to Part C - Question 1 and penses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross dis to the issuer." | Payments to Officers, Directors & Affiliates | \$_13,077,549.20 Payments To Others |
|--|--|--|--------------------------------------|
| the purposes s left of the esti- forth in respons Salaries and f Purchase of re Purchase, ren Construction Acquisition o used in excha Repayment of Working capi Other (specify Column Total Total Pa | poses shown. If the amount for any purpose is not known, furnish an estimate and check the box to the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer stresponse to Part C - Question 4.b above. It is and fees | Payments to Officers, Directors & Affiliates | Others |
| Purchase of re Purchase, ren Construction Acquisition o used in excha Repayment of Working capi Other (specify Column Total Total Pa | se of real estatese, rental or leasing and installation of machinery and equipment | Officers, Directors & Affiliates | Others |
| Purchase of re Purchase, ren Construction Acquisition o used in excha Repayment of Working capi Other (specify Column Total Total Pa | se of real estatese, rental or leasing and installation of machinery and equipment | | □ s |
| Purchase, ren Construction Acquisition o used in excha Repayment of Working capi Other (specify Column Total Total Pa | se, rental or leasing and installation of machinery and equipment | □ s | |
| Construction Acquisition o used in excha Repayment of Working capi Other (specify Column Total Total Pa | | | \$ |
| Acquisition o used in excha Repayment of Working capi Other (specify Column Total Pa | | □ \$ | S |
| used in excha Repayment of Working capi Other (specify Column Total Total Pa | uction or leasing of plant buildings and facilities | □ s | s |
| Working capi Other (specify Column Total Total Pa | sition of other businesses (including the value of securities involved in this offering that may be exchange for the assets or securities of another issuer pursuant to a merger) | . 🗆 s | □ s |
| Other (specify Column Total Pa Total Pa The issuer has duly andertaking by the i | ment of indebtedness | s | □ s |
| Column Total Pa Total Pa The issuer has duly ondertaking by the incommendation of the condensation of th | ng capital | | ∑ \$ <u>13,077,549.20</u> |
| Total Pa | (specify): | \$ | S |
| he issuer has duly o | n Totals | . <u> </u> | ■ \$ <u>13,077,549.20</u> |
| ndertaking by the i | otal Payments Listed (column totals added) | \$_13,07 | 7,549.20 |
| ndertaking by the i | D. FEDERAL SIGNATURE | | |
| | is duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed ure by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, vestor pursuant to paragraph (b)(2) of Rule 502. | | |
| ssuer (Print or T | | ate | |
| reenField Networ ame of Signer (F | networks, Inc. Jugner (Print or Type) Title of Signer (Print or Type) | aly 24, 2003 | |
| Sary Smerdon | 7 | | |